

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09785738

FILING DATE

02-25-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6	1					
7		1				
8		1				
9	1					
10	1					
11		2				
12		2				
13		2				
14	1					
15	1					
16		1				
17		1				
18	1					
19	1					
20	1					
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22	1					
23	1					
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25	1					
26		1				
27		1				
28		3				
29	1					
30	1					
31	1					
32	1					
33		3				
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36		3				
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50						
TOTAL IND.	20	↓		↓		↓
TOTAL DEP.	29					
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS